

HISTORIC DESIGNATION APPLICATION

In accordance with Chapter 24, Article XII of the City Code.

Application Number _____

Date Filed _____

HPAC Recommendation _____

PC Hearing _____

PC Recommendation _____

HDC Decision _____

Date of Decision _____

SUBJECT PROPERTY

NAME OF PROPERTY: HISTORIC _____
AND/OR COMMON _____

ADDRESS _____

LOT _____ BLOCK _____ SUBDIVISION _____

TAX ACCOUNT NUMBER _____

APPLICANT

NAME _____ TELEPHONE _____

ADDRESS _____

OWNER OF RECORD (IF NOT APPLICANT)

NAME _____ TELEPHONE _____

ADDRESS _____

FOR DESIGNATION OF THE ABOVE PROPERTY AS A

- ☐ Historic Site
- ☐ Historic Resource
- ☐ Historic District

SUBMISSION REQUIREMENTS

1. Maryland Historical Trust State Historic Site Inventory Form
2. Slides of all four elevations and architectural details
3. Photographs (black and white) of all four elevations and architectural details